



George H. Ryan, Governor
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Illinois Department of Public Aid

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03/11/02

INFORMATIONAL NOTICE

TO: Participating Hospitals – Chief Executive Officers, Chief Financial Officers, and Patient Accounts Managers

RE: HOSPITAL REIMBURSEMENT CHANGES EFFECTIVE JANUARY 1, 2002

In December 2001, the Department notified hospitals of hospital rate reductions effective for service dates of January 1, 2002, and after. This notice is a follow-up to detail those reductions.

- **Ambulatory Procedures Listing (APL)** – The rates paid for hospital outpatient services were decreased. A listing of the APL groups and revised rates is on the reverse side of this notice and can also be found in the Ambulatory Procedures Listing available on the Department's Web site at

http://www.state.il.us/dpa/medicaid_reimbursement.htm

- **Tertiary Care Adjustment Payments** – The Tertiary Care Adjustment Payments begun in fiscal year 2001 were eliminated. Tertiary care services provided and reimbursed under the Diagnostic Related Grouping (DRG) or per diem systems are not impacted by this change.
- **Critical Hospital Adjustment Payments (excluding Trauma Center Adjustments), Pediatric Outpatient Adjustment Payments and Pediatric Inpatient Adjustment Payments** – These payments will be reduced by approximately 15.4 percent for the remaining quarters of fiscal year 2002. Hospitals affected by these changes will be notified individually. The administrative rules that govern these payments (CHAP, including Trauma Center Adjustments, POAP, and PIAP) are set to expire on June 30, 2002, eliminating all payments for these programs in fiscal year 2003.

On January 8, 2002, Governor Ryan announced that \$24 million would be provided for safety net hospitals and rural CHAP hospitals under a new quarterly payment program. Hospitals will be notified of the new program and their eligibility or ineligibility in the near future.

Any questions regarding this notice may be directed to the Bureau of Comprehensive Health Services at (217) 782-5565.

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Division of Medical Programs

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AMBULATORY PROCEDURES LISTING

RATES EFFECTIVE JANUARY 1, 2002

REIMBURSEMENT FOR ASTCs MADE AT 75% OF THE GROUP RATE

Group 1	SURGICAL	
	a. Surgical - intensive	\$1,336.00
	b. Surgical - moderate	\$781.00
	c. Surgical - low	\$560.00
	d. Surgical - very low	\$214.00
Group 2	DIAGNOSTIC & THERAPEUTIC	
	a. Complex diagnostic and therapeutic	\$701.00
	b. High-tech diagnostic	\$226.00
	c. Other diagnostic	\$131.00
	d. Therapeutic procedures	\$101.00
Group 3	EMERGENCY ROOM PROCEDURES	
	a. Emergency Level I	\$135.00
	b. Emergency Level II	\$50.00
	c. Non-emergency/screening	\$19.00
Group 4	OBSERVATION SERVICES	
	a. 1 hr. through 6 hrs. 30 min.	\$55.00
	b. 6 hrs. 31 min. through 12 hrs. 30 min.	\$165.00
	c. 12 hrs. 31 min. or more	\$330.00
Group 5	PSYCHIATRIC SERVICES	
	a. Psychiatric Clinic Type A	\$62.00
	Psych A Children's Hospitals	\$102.00
	b. Psychiatric Clinic Type B	\$62.00
	Psych B Children's Hospitals	\$102.00
Group 6	REHABILITATION SERVICES	
	a. Rehab Units (COS 29)	\$115.00
	Children's Hospitals	\$130.00
	b. Non-Rehab Units (COS 24)	\$115.00
	Children's Hospitals	\$130.00